

# Role of Lekhaniya Mahakashaya in Sthaulya: A Case Report

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## Abstract

According to the World Health Organization, more than 1.9 billion adults aged 20 were overweight and 650 million were obese in 2016. In 2016, 39 percent of persons aged 18 and above were overweight, with 13 percent being obese. Obesity affects about 300 million males and over 400 million women. *Sthaulya* is referred to as *Santarpanajanya Roga* in *Ayurvedic* literature. In *Ayurvedic* literature, *sthaulya* has been compared to *Medoroga*. The word “*sthaulya*” is derived from mula dhatu “*sthu*” with the suffix “*ach*” *pratyaya* respectively which stands bulky or big or thick. In the present case report a 23-year-old female patient with complaints of Overweight (74kg) and *Daurbalya* (Weakness), *Atinidra* (Excess sleeping), *Utsaha hani* (Lack of enthusiasm), *Ati-pippasa* (Excessive thirst), *Ati-kshuda* (Excessive hunger), *Swedadhikya* (Excess sweating), *Daurgandhya* (Foul smell), *Ksudra shwasa* (Dyspnoea on exertion) visited OPD of Panchkarma, Gurukul Campus, UAU, Haridwar. The condition was diagnosed as *Sthaulya* and the *kwatha of Lekhaniya Mahakashaya* was given to the patient for 45 days twice a day with some physical exercises. According to the results, the patient benefited from all symptoms after 45 days of management. No complications were seen in the patient, after completing a follow-up of 1 month.

**Keywords:** Sthaulya, Obesity, Mahakashaya.

## Introduction

*Sthaulya* is a common metabolic disorder caused by to imbalance in eating an unhealthy lifestyle, an inability to do proper physical activity, and excessive intake of Processed junk food. The etiology, pathogenesis, and treatment of *Sthaulya* are similar to obesity. due to the excessive accumulation of Adipose tissue, there is an increase in body fat and it causes obesity. In *Sutra Sthana Acharya Charaka* described eight *Asthaninditha Purusha* among which *Sthaulya* has been most emphasized.<sup>[1]</sup> *AtiSthaulya* is defined as someone who, on account of the excessive of Meda & Mansa, has pendulous buttocks, abdomen, and breasts, whose increased bulk is not matched by a corresponding increase in energy. Obesity is a global problem increasing progressively. Excessive truncal adiposity is very well correlated with the risk for diabetes, hypertension, and cardiovascular disease. Obesity especially central obesity is associated with an increasing risk of developing coronary artery disease. Obese patients may also develop low self-esteem, are sometimes body-shamed, and develop psychological stress.<sup>[2]</sup>

## Patient information

A 23-year-old female Patient from a middle-class family visited the outpatient department with complaints

Overweight(74kg) and *Daurbalya*(Weakness), *Atinidra*(Excess sleeping), *Utsaha hani*(Lack of enthusiasm),*Ati-pippasa*(Excessive thirst),*Ati-kshuda*(Excessive hunger), *Swedadhikya*(Excess sweating), *Daurgandhya*(Foul smell), *Ksudra shwasa*(Dyspnoea on exertion) visited OPD of Panchkarma, from the last three months. She didn't find any relief, not even after taking allopathic drugs for these complaints for eight months on her own and from a local practitioner. She sought Ayurvedic treatment as a result of not receiving any improvement.

There is no family history present. A detailed history of dietetic and physical regimens, etc., was taken. The patient was taking a mixed diet, which is irregular in terms of time and quantity. She used to take spicy, salty, deep-fried, and baked food items frequently. She had a habit of sleeping in the daytime with no physical activities and the fluid intake was also very minimal.

### General and systemic examination

**Height-** 155 cm , **Body weight-** 74 kg , **BMI-** 30.8 kg/m<sup>2</sup>

The patient was *Kapha~Vataj prakruti*. *Mala* was *Alpa* (~Less in quantity) and with a Foul smell. *Ahara Shakti* was *Avara*, *Koshta* was *Madhyam* (~irregular nature of bowel), and *Agni* was *Manda*. There was no cyanosis, pallor, or icterus. Thus, *Medovahavaha*, *Rasavaha*, and *Mansaavaha srotases* were found vitiated. No abnormalities were found on systemic examination.

### Diagnosis

Based on symptoms, the condition is diagnosed as *Sthaulya*. All the laboratory investigation findings of the patient were within the range, except decreased hemoglobin (10.1 g/dl). Stool and urine examinations were normal.

### Timeline

Assessment of the patient was done every 15 days, *Lekhniya mahakshya kwath* was given 40 ml Twice daily, on an empty stomach for 45 days with some regular physical exercises. The patient was advised with restriction of the bath just after food, and consumption of sour, spicy, excessively salty, junk food, tinned food, soft drinks, and food items that are heavy to digest during the treatment period. The details of the treatment given to the patient are mentioned in Figure 1,2. Observations were recorded at regular intervals of 15 days during the treatment to 45 days and follow-up was taken on every 15th day for up to one month. The efficacy of the treatment was assessed by improvement in the symptoms score and change in *sthulta*.

### Follow-up and outcome

Improvement was noted in the frequency and severity of the symptoms [Table 1].

**Table 1: Improvement in the severity of symptoms of *Sthaulya***

Sr. no.	Clinical features	Before treatment	After 15 days	After 30 days	After 45 days	Follow-up treatment completion 15 days
1.	Daurbalya	1	1	0	0	0
2.	Atinidra	2	1	0	0	0
3.	Utsaha hani	1	1	1	0	0
4.	Ati-pipasa	2	1	1	0	0

5.	Ati-kshuda	3	2	1	0	0
6.	Swedadhikya	3	2	1	0	0
7.	Daurgandhya	2	2	1	0	0
8.	Kshudra shwasa	1	0	0	0	0

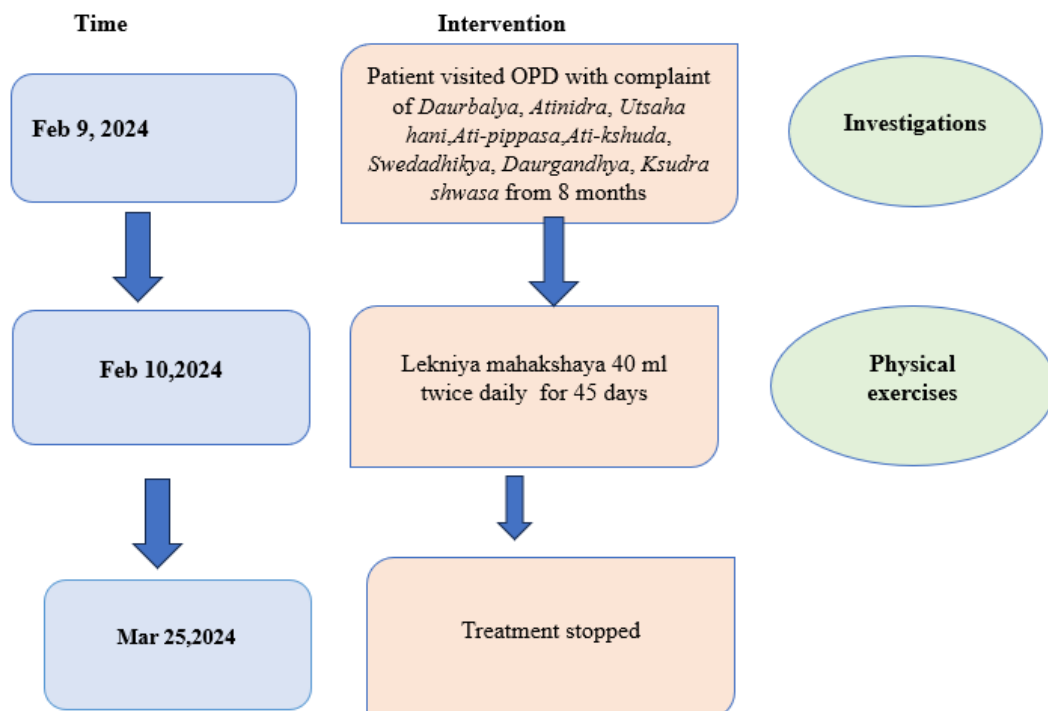
**Table 2 : Improvement in the body weight and BMI**

Sr no.	parameter	Before treatment	After 15 days	After 30 days	After 45 days	Follow-up treatment completion 15 days
1.	Body weight (kgs)	74	72.5	70	67.5	67
2.	BMI (kg/m2)	30.8	30.2	29.1	28.1	27.9

**Discussion**

Samprapthi Vighatana: Nidana Parivarjana first, through guidance regarding Pathya Ahara and Vihara. Second, since Sthoulya is the Kapha Pradhana Tridosha Vyadhi, all of the medications in *Lekhniya mahakshaya* Doshakarma are either Tridosahara, Dwisoshahara, combined with Kapha or Kaphahara specifically.<sup>[3]</sup> This attribute of the pharmaceuticals aids in lowering Kapha. Since most pharmaceuticals in the Kashayaare Ruksha Pradhanyata by their Guna wise character, Sthoulya is the Santarpana Janya Vyadhi with Kapha and Medo Dhatu Pradhana in nature to counteract the same. It is not a simple undertaking to reduce Badha Medas that have been collected over an extended period simply by administering Shamana Aushadhi.

Other Chikitsa mentioned for Sthoulyamust be adopted according to the condition of the patient so wise Nidana Parivarjana adopted in this condition along with Shamanaplayed major role as it is the cases of lifestyle disorder.<sup>[4]</sup>



**Conclusion**

According to this study, the qualities of *Lekhniya mahakshaya*, make it useful in *Sthaulya*. Additionally supporting the early regenerative phase is *Nidana Parivarjana*.

**Declaration of Patient Consent**

The authors certify that they had received a patient consent form from the patient, confirming that the patient's attendant has granted permission for the case to be published in the journal along with the photos and further clinical data. Anonymity cannot be guaranteed, but the patient's attendant understands that his or her name and initials will not be published and that every attempt will be taken to conceal their identity.

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Nil.

**Conflicts Of Interest**

There are no Conflicts of Interest.

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